						SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	7
DEP	RTMI	ENT	OF	PU		REGISTRATION DISTRICT No. 316 Primary Registration District No. 306 / Registrar's No. 389	
DO NOT WRITE ON THIS STUB		AMEN	DED			Registration District NoPrimary Registration District No	
OR INIS SIDE		_				PLACE OF DEATH [] 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	s before
V\$ 300	بوا		-			a. COUNTY St. Francois a. STATE Missourt COUNTY St. Francois	usion)
Rev. 4/59	F			1	. —	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside	Limits
	AMENDED					OR TOWN Flat River	No 🗆
10942	₹				_	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside	on farm
	DATE					HOSPITAL OR INSTITUTION YOU ADDRESS YOU YOU YOU YOU THE PROPERTY YOU WANTED	No A
20942	객	\vdash	+	∤	=		Year
·3 					۰	(Type or print) OF	
4 [_	Extracted in the state of the s	
	İ				3	Millanuad D Discound D	
_ ⁵ ()			-		10	Female White Whose Job Kind of Business Or INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	OUNTRY
6	δ		1			during most of working life, eyen If, retired)	
	FOLLOWS				13	NONE Bonne Terre Mo. U.S.A. 3. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
70	히		ı	1		Paul Merritt Phyllis DeShaney	-
8 2	S	Ιì	i		15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
2/201	⋖			1 1	. (Y	(es, no, or unknown) (If yes, give wer or detes of service) ———————————————————————————————————	N.F
<u>'77~X</u> X	ARE			<u> -</u>	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	SETWEEN
10]	_			OWEN		1 1 1 4 4 1 m A A A A A A A A A A A A A A A A A A	O La
11	8 6			S		IMMEDIATE CAUSE (a)	
-/1/1	RECORD EAD OF			ğ		Conditions, if any,) DUE TO (b)	
1270	SI			-		which gave rise to above cause (a),	
13 /-0	티르	\sqcup		_		stating the under- lying cause last. DUE TO (c)	
	N N				z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was fer	male was
	S				윒	disease condition given in PART I (a)	
				11	FIC		Unknown
	AMENDMENT				ERTI	19. WAS AUTOPSY PERFORMED? SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item YES NO.	10.)
					٦		
Z	₹I					20c. TIME OF Hour Month, Day, Year INJURY a.m.	
¥ 8				١ ١	ME	p.m. 20d. INIURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
BLACK INK OR RITER RIBBON						WHILE AT WORK farm, factory, street, office bldg., etc.)	
*	وا ا					NOT WHILE AT WORK OUT OF THE PROPERTY OF THE	
LAC OR ITER	READ		1.			21. I attended the deceased from	
			1	11	1	Death occurred at	
USE	SHOULD		ĺ	P		22a SIGNATURE (Degree or title)	ATE SIGNED
- E	돐						10.63
•	-	$\vdash \vdash$	+	- ≩	23	38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATION 23d. LOCATION (City, town, or county) (Sta REMOVAL (Specify) O (CT (2007)	•
•	<u>S</u>			AFFIDAVIT		Burial 9/21/1905 Immaculate Conception Delivers	•
	ITEM					4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REBUIRAR'S SIGNATURE	No
				ĕ	(C.Z. Boyer & Son, Inc. Dealoge, Mo Xept 20 (963) Souther Studies	<i>-7/</i> /-
,	'		•	•		(Licensed Embalmen's Statement on Reverse Side)	, ,

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed B. J. Bayer
StudentSignature of Student Embalmer	
	Licensed Embalmer No 3 6 6 0
	P. O. Address Desloge, Missour:

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.